

Medication/Exposure Report

A. Employee Information

Name: _____

Last First MI.

ID#: _____ Assignment: _____

Rank/Classification: _____

Home Address: _____

Home Phone #: _____ - _____ Work Phone #: _____ - _____

I hereby authorize my medical practitioner(s) to release to the MCP, State Authorized Medical Physician, all information regarding my current physical or mental health.

Employee's Signature: _____ Date: _____

B. Medications (Complete this section upon ingesting any medication prescribed by a medical practitioner or over-the-counter which is causing you to experience significant side effects)

Medications Prescribed/Used: _____

Side effects that are affecting your performance or behavior: _____

C. **Exposure to CDS or Communicable Disease** (Complete this section upon any exposure to a controlled dangerous substance (CDS) or communicable disease. If you are claiming an illness or injury as a result of a duty-related exposure, you must also complete MCP form 199 (Report of On-Duty Illness or Injury).

Date of Exposure: _____ / _____ / _____ Time of Exposure: _____

Name of Substance or Disease: _____

Nature of Exposure (explain in detail):

Attendance Control Supervisor's Signature: _____ Date: _____